

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10625992 FILING DATE	
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1				51	
2			1				52	
3			1				53	
4			1				54	
5			1				55	
6			1				56	
7			1				57	
8			1				58	
9			1				59	
10			1				60	
11			1				61	
12			1				62	
13			1				63	
14			1				64	
15			1				65	
16			1				66	
17			1				67	
18			1				68	
19			1				69	
20			1				70	
21			1				71	
22			1				72	
23			1				73	
24			1				74	
25			1				75	
26			1				76	
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45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			1				TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS			1				TOTAL CLAIMS	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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